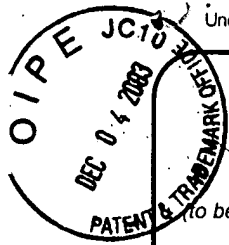


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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/088,160      |
| Filing Date            | March 13, 2002  |
| First Named Inventor   | Alexander KOZAK |
| Group Art Unit         | 1624            |
| Examiner Name          | John M. Ford    |
| Attorney Docket Number | 800.1015        |

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Total Number of Pages in This Submission 25

**ENCLOSURES (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>- Return Receipt Postcard |
|---|---|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

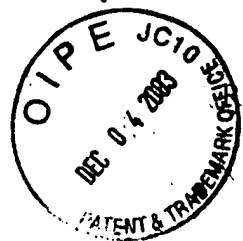
|                 |  |           |                |          |                |
|-----------------|--|-----------|----------------|----------|----------------|
| Name            | Davidson, Davidson & Kappel, LLC           |           |                |          |                |
| Address         | 485 Seventh Avenue, 14 <sup>th</sup> Floor |           |                |          |                |
| City            | New York                                   | State     | NY             | Zip Code | 10018          |
| Country         | USA  | Telephone | (212) 736-1940 | Fax      | (212) 736-2427 |
| Individual name | Morey B. Wildes Reg. No. 36,968            |           |                |          |                |
| Signature       |  |           |                |          |                |
| Date            | December 2, 2003                           |           |                |          |                |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |               |      |                  |
|-----------------------|---------------|------|------------------|
| Typed or printed name | Patricia Kane | Date | December 2, 2003 |
| Signature             |               |      |                  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

e: Application of: Alexander KOZAK, et al.  
Serial No.: 10/088,160  
Filed: March 13, 2002  
For: **PHOSPHOLIPID PRODRUGS OF ANTI-  
PROLIFERATIVE DRUGS**  
Examiner: John M. Ford  
Art Unit: 1624

MAIL STOP: Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

December 2, 2003

**RESPONSE TO OFFICE ACTION**

S I R:

In response to the Office Action dated September 2, 2003 by the U.S. Patent and Trademark Office in connection with the above-identified application, Applicants hereby amend this application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 11 of this paper.

**Remarks** begin on page 17 of this paper.